

Attach 3" x 5" Photo Here

I hereby declare under penalty of perjury
under the laws of the State of California,
that the photo of myself attached hereto,
was taken on or about ____ / ____ / ____.

My age then being _____ years;
color of hair _____;
color of eyes _____;
height _____ ft. _____ in.;
weight _____ lbs.;
identifying marks _____

NOTE: All items in this application are mandatory; none are voluntary. Failure to provide any of the requested information will result in the application being rejected as incomplete. The information provided will be used to determine qualification for licensure per Section 2479 of the Business and Professions Code which authorizes the collection of this information. Information regarding the issuance or denial of a license by the Board may be transmitted to any other podiatric or medical licensing authority or the Federation of Podiatric Medical Boards. Applicants have the right to review their application subject to the provisions of the Information Practices Act. The Executive Officer of the Board of Podiatric Medicine is the custodian of records.

APPLICANT DECLARATION

I, _____
(PRINT FULL NAME) certify that I am the person
referred to in the foregoing application for a certificate to practice podiatric medicine in California
and that I have carefully read and thoroughly understand all the requirements therein and that the
statements made herein and all attachments are true and correct under penalty of perjury under the
laws of the State of California.

I request that the Board of Podiatric Medicine initiate a review of the records to determine my
eligibility for examination or licensure in California. In making this request, I authorize the release of
any information or records held by any individual or agency, relative to my training and
qualifications as a Doctor of Podiatric Medicine upon request by the Board for use in evaluating my
file.

**I understand that falsification or misrepresentation of any item or response on this application or any
attachment hereto is a sufficient basis for denying or revoking a license.**

Signature of Applicant _____
(SIGN FULL NAME, DO NOT USE INITIALS)

Signed on this _____ day of _____, _____ at _____
MONTH YEAR
_____, _____, _____
CITY COUNTY STATE

P1D